



## FUCE SCHOLARSHIP MOBILITY PROGRAMME LEARNING AGREEMENT 2021

**Academic Year 20..../20....**

**Field of study:** .....

Name of student: .....

Sending institution:

..... Country: .....

### DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution:

..... Country: .....

[illegible]

Fair translation of grades must be ensured and the student has been informed about the methodology

Student's signature

..... Date: .....

**SENDING INSTITUTION**

We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....

**RECEIVING INSTITUTION**

We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....

Name of student: .....

Sending institution:

..... Country: .....

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**  
(to be filled in ONLY if appropriate)

| Course unit code (if any)<br>and page no. of the<br>information package | Course unit title (as indicated in the<br>information package) | Deleted<br>course<br>unit | Added<br>course<br>unit  | Number of<br>ECTS credits |
|---|--|---------------------------|--------------------------|---------------------------|
| .....   | .....  | <input type="checkbox"/>  | <input type="checkbox"/> | .....                     |
| .....   | .....  | <input type="checkbox"/>  | <input type="checkbox"/> | .....                     |
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| .....   | .....  | <input type="checkbox"/>  | <input type="checkbox"/> | .....                     |
| .....   | .....  | <input type="checkbox"/>  | <input type="checkbox"/> | .....                     |

if necessary, continue this list on a separate sheet

|                     |             |
|---------------------|-------------|
| Student's signature | Date: ..... |
| .....               |             |

|  |                                       |
|--|---------------------------------------|
| <b>SENDING INSTITUTION</b>   |                                       |
| We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved. |                                       |
| Departmental coordinator's signature   | Institutional coordinator's signature |
| .....  | .....                                 |
| Date: .....  | Date: .....                           |

|  |                                       |
|--|---------------------------------------|
| <b>RECEIVING INSTITUTION</b>   |                                       |
| We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved. |                                       |
| Departmental coordinator's signature   | Institutional coordinator's signature |
| .....  | .....                                 |
| Date: .....  | Date: .....                           |

to be sent to:  
franck.violet@univ-catholyon.fr